

[ ] Code Enforcement Officer

## VILLAGE OF WAPPINGERS FALLS

BUILDING DEPARTMENT OFFICE OF CODE ENFORCEMENT OFFICE OF THE FIRE INSPECTOR 2582 SOUTH AVENUE WAPPINGERS FALLS, NY 12590

PHONE: (845) 297-5277 FAX: (845) 296-0379 E-mail: bmurphy@wappingersfallsny.gov www.wappingersfallsny.gov

## **COMPLAINT FORM**

|   | COMILAINI FORM   |
|---|--|
| DATE:   | COMPLAINT #  |
| COMPLAINANT                                   |  |
| NAME:   |  |
| ADDRESS :                                     |  |
|   |  |
| VIOLATION LOCATION                            |  |
| PROPERTY OWNER:                               | PHONE #:   |
| ZONE :  | TAX GRID #:  |
| OWNER ADDRESS:                                |  |
| TENANT NAME                                   |  |
|   | ide as much information as possible. All information is kept confidential) |
|   | ac as macro significant as possible in significant is neprecing account.   |
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|   |  |
|   | Zoning Dept. Use:  |
|   | TIZEN Complaint ☐ UNRELATED INSPECTION ☐ ROUTINE PATROL                    |
| INSPECT & PROVIDE THE FOLLOW                  | VING:  |
| INSP. DATE : REINSP I                         | DATE:  |
| INSPECTION OF ALLEGED VIOLATION :             |  |
| INSPECTION OF ALLEGED VIOLATION.              |  |
|   |  |
|   |  |
|   |  |
| DUOTOG TAVENI II                              | TION NOTICE DOCTED DEPONING CONTRACT                                       |
| PHOTOS TAKEN # VIOLA                          |  |
|   | NYSDL OR ID #  |
| ADDRESS :                                     |  |
| The foregoing allegations are based upon pare | onal knowledge and/or information and belief.                              |
| The foregoing anegations are based upon perso | onai knowieuge and/of information and other.                               |

Date